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Date	September 15, 2004	_	
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Application Number: 10/606,731		
Filing date: June 26, 2003	•	
First named inventor: Soroushian, Kourosh	-	
Attorney docket number: 02-6421	•	
Attorney doonee number	<del></del>	
Transmitted herewith for filing via facsimile:		
Transmittal Form PTO/SB/21		
Fee Transmittal PTO/SB/17		
Information Disclosure Statement (letter)		
Information Disclosure Statement by Applicant PTO	/SB/OSA	

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PTO/SP/21 (02.04)

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		U.S. Patent and Tr	ademark Office: U.S. D.	th 07/31/2006. OMB 0651-0031 EPARTMENT OF COMMERCE	
Under the Paperwork Reduction Act of 1995_0	Application Number	nd to a collection of info	slosib ti sestou noitsma	ya a yatiri OMB control number.	
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TRANSMITTAL FORM	First Named Inver		6, 2003		
FORI		Scrous	Scroushian, Kourosh		
(to be used for all correspondence after initial file		2614			
	Examiner Name	Examiner Name N/A			
Total Number of Pages in This Submission	4 Attorney Docket N	lumber 02-642	02-6421		
	ENCLOSURES (C	heck all that apply	)		
Fee Transmittal Form  Fee Attached  Amendment/Reply  After Final  Affidavits/declaration(s)  Extension of Time Request  Express Abandonment Request  Information Disclosure Statement  Certified Copy of Priority Document(s)  Response to Missing Parts/ Incomplete Application  Response to Missing Parts under 37 CFR 1.52 or 1.53	Drawing(s)  Licensing-related Pa  Petition  Petition to Convert to Provisional Application of Attorney, For Change of Correspond Terminal Disclaimer  Request for Refund  CD, Number of CD(seemarks	o a on Nevocation Indence Address	to Technolo Appeal Cor of Appeals Appeal Cor (Appeal Not Proprietary Status Lett Other Enclo Identify belo	osure(s) (please	
SIGNAT	URE OF APPLICANT	, ATTORNEY, C	R AGENT		
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FEE TRANSMITTAL	-		mplete if Known			
		lication Number	10/606,731			
for FY 2004		g Date	June 26, 2003			
Effective 10/01/2003, Patent fees are subject to annual revision.		t Named Inventor	Soroushian, Kourosh			
Applicant claims small entity status. See 37 CFR 1.27	Exa	miner Name	N/A			
		Art Unit 2614				
TOTAL AMOUNT OF PAYMENT (\$) 0.00	Atto	Attorney Docket No.   02-6421				
METHOD OF PAYMENT (check all that apply)	FEE CALCULATION (continued)					
	3. ADDITIONAL FEES					
☑ Deposit Account:	Fee Fee	y Small Entity	For Bookinstins			
Deposit Account 12-2252	Code (\$)	Code (\$)		Fee Pald		
Number	1051 13		rcharge - late filing fee or oath			
Account Name LSI Logic Corporation	1052 5	cóv	rcharge - late provisional filing fee or ver sheet			
The Director is authorized to: (check all that apply)	1053 13 1812 2.52	_	n-English specification filing a request for ex parte reexamination			
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FEE CALCULATION	1251 11		tension for reply within first month			
1. BASIC FILING FEE	1252 42 1253 95		dension for reply within second month			
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1004 770 2004 385 Reissue filing fee	1403 29		equest for oral hearing	<del></del>		
1005 160 2005 80 Provisional filing fee	1451 1,51 1452 11		addon to institute a public use proceeding addicanto revive - unavoidable			
SUBTOTAL (1) (\$) 0.00	1453 1,33		etition to revive - unintentional			
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE	1501 1,33		ility issue fee (or reissue)			
Extra Claims below Fee Paid	1502 48	1	ssign issue fee			
Total Claims 20** = X =	1503 64	1	ant issue fee	<u> </u>		
Claims - 3" =	1460 13 1807 !		etitions to the Commissioner rocessing fee under 37 CFR 1.17(a)	<b></b>		
Large Entity   Small Entity	1806 18		ibmission of Information Disclosure Stmt			
For Fee Fee Fee Fee Description Code (\$) Code (\$)		In 8021 40 Re	cording each patent assignment per			
1202 18 2202 9 Claims in excess of 20	1809 7	pro	operty (times number of properties) ling a submission after final rejection	<del> </del>		
1201 86 2201 43 Independent claims in excess of 3	1003 /1	(3:	7 ČFR 1.129(a))			
1203 290 2203 145 Multiple dependent claim, if not paid	1810 77		or each additional invention to be samined (37 CFR 1.129(b))			
1204 86 2204 43 "Reissue independent claims over original patent	1801 7		Request for Continued Examination (RCE)			
1205 18 2205 9 ** Reissue claims in excess of 20 and over original patent	1802 9		Request for expedited examination a design application			
SUBTOTAL (2) (\$) 0.00	Other fee			<u></u>		
**or number previously paid, if greater, For Reissues, see above	*Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$) 0.00					
SUBMITTED BY	Dani	etrotion 8th	(Complete (if applicable))			
Name (Print/Type) Henry Groth	11 444	tration No. 30 Eos	S Telephone 408-433-4578			

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